

APPLICATION FOR A SPR FUNDED TRANSPORTATION STUDY

APPLICANT: _____

LOCAL STUDY CONTACT

This contact should be knowledgeable about the study's intentions and the application as they may be contacted for additional information and will receive all correspondence.

Contact Person: _____

Title: _____

Address: _____

City: _____ SD

Zip Code: _____

Phone Number: _____

Email Address: _____

APPLICATION SUBMITTAL

Name: _____

Signature: _____

Date: _____

STUDY CATEGORY

Please check all that will apply for what is intended to be completed by this study.

- | | |
|---|---|
| <input type="checkbox"/> Major Street Plan | <input type="checkbox"/> Long Range (20 year) Transportation Plan |
| <input type="checkbox"/> Bicycle Plan | <input type="checkbox"/> Roadway Standards Development |
| <input type="checkbox"/> Pedestrian Plan | <input type="checkbox"/> Management System Development |
| <input type="checkbox"/> Intermodal (Area) Plan | <input type="checkbox"/> Access Management Standards Development |
| <input type="checkbox"/> Transportation Revenue | <input type="checkbox"/> Transportation Related Zoning & Planning
Regulation Development |

☐ Corridor Study, please provide corridor limits: _____

☐ Other, please explain: _____

STUDY INTENTION

Please describe the desired outcome and products the study will produce for your agency and the benefit to your agency and, if applicable, the SDDOT.

[illegible]

PUBLIC INVOLVEMENT

With the use of federal planning funds, public involvement will be required for most activities. Please check each item available for use at local expense (if needed).

- ☐ ADA Compliant Public Meeting Room(s)
- ☐ Website
- ☐ Newspaper(s)
- ☐ Other, please list: _____

AVAILABLE LOCAL FUNDING

Please answer only one of the following subsections:

TOTAL AMOUNT OF FUNDING NEEDED:

Complete this section if you already have an estimate of the total amount of funding such a study will cost.

Please list the amount of total funding you believe such a study will take to be completed.

\$ _____

Please list the percentage of the study's total cost (minimum 20%) your entity is willing to provide.

_____%

AMOUNT OF LOCAL FUNDING AVAILABLE:

Complete this section if you do not have an estimate of the total amount of funding such a study will cost.

Please list the maximum amount of local funding that will be available to complete this study.

\$ _____

AVAILABLE RESOURCES

Are there previous study reports, plans, guidelines or other items available for the consultant's use performing this study?

- ☐ Yes ☐ No ☐ Don't Know

If Yes, please list: _____

Will the outcome of this study result in replacing an existing local plan or guideline?

- ☐ Yes ☐ No ☐ Don't Know

Please submit by 5:00 pm on March 31, 2022

To

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